

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent **W 147457**

UNIQUE WELL I.D. # **AGL 149**

Water Right Permit No. **32-2E-25N**

(1) OWNER: Name **Windsun Way Water Association**

Address **440 Windsun Way, Camano Island, WA 98292**

(2) LOCATION OF WELL: County **Island**

- **SW 1/4 SW 1/4 Sec 25 T 32 N.R. 2E WM**

(2a) STREET ADDRESS OF WELL (or nearest address) **Intersection of Cross Island Road and Windsun Way, Camano Island**

TAX PARCEL NO. _____

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☒ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (If more than one) _____
☒ New Well Method: ☐ Dug ☐ Bored
☐ Deepened ☐ Cable ☐ Driven
☐ Reconditioned ☒ Rotary ☐ Jetted
☐ Decommission

(5) DIMENSIONS: Diameter of well **6** inches.
Drilled **600** feet. Depth of completed well **585** ft.

(6) CONSTRUCTION DETAILS:

Casing installed:

☒ Welded **8** " Diam from **+2** ft to **238** ft
☐ Liner installed **6** " Diam. from **+2.5** ft. to **600** ft
☐ Threaded _____ " Diam from _____ ft. to _____ ft.

Perforations: ☒ Yes ☐ No

Type of perforator used **Air rotary perforator**

SIZE of perforations _____ in. by _____ in.
_____ perforations from **268** ft. to **275** ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: ☐ Yes ☒ No ☐ K-Pac Location _____

Manufacturer's Name _____

Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: ☐ Yes ☒ No ☐ Size of gravel/sand _____

Material placed from _____ ft. to _____ ft.

Surface seal: ☒ Yes ☐ No To what depth? **18** ft

Material used in seal **Bentonite**

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____

Type _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation _____ ft.
above mean sea level _____ ft.

Static level **239** ft below top of well Date **3/12/2002**

Artesian pressure _____ lbs per square inch Date _____

Artesian water is controlled by _____

(Cap, valve, etc)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs

Yield _____ gal./min with _____ ft. drawdown after _____ hrs

Yield _____ gal /min with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
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Date of test _____

Bailer test _____ gal./min with _____ ft. drawdown after _____ hrs.

Airtest **3-5** gal./min. with stem set at **280** ft for **1** hrs.

Artesian flow _____ g p.m. Date _____

Temperature of water _____ Was a chemical analyses made? ☐ Yes ☒ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION:

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered

MATERIAL	FROM	TO
Topsoil gravel and wood	0	3
Gravel and brown silt	3	24
Grey clay and gravel	24	28
Gravel and brown clay	28	45
Gravel and brown silt	45	122
Water at 118 feet 2 GPM		
Brown silt sand and gravel	122	147
Brown clay	147	169
Tight gravel sand and brown silt	169	270
Loose gravel sand and water	270	272
Grey silty clay and gravel	272	283
Brown clay sand and gravel	283	305
Brown sand and gravel	305	327
Brown silty sand and gravel	327	340
Brown clay sand and gravel	340	365
Brown silty sand	365	391
Grey silty clay	391	402
Grey clay and gravel	402	421
Grey sandy clay	421	452
Gravel sand and grey clay	452	474
Gravel grey silt and water	474	479
Gravel sand grey silt	479	490
Grey sand and grey clay	490	506
Grey clay and grey sand	506	545
Hard grey clay	545	554
Grey clay and silt	554	572
Grey silt	572	576
Grey clay	576	600

Well located according to Island County
Ordinance #809.

RECEIVED

APR 11 2002

DEPT OF ECOLOGY

Work Started **3/12/2002**, 19. Completed **3/22/2002**, 19

WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief

Type or Print Name **Ralph Riggles** License No **2043**

(Licensed Driller/Engineer)

Trainee Name _____ License No _____

Drilling Company **Dahlman Pump & Well Drilling Inc.**

(Signed) *Ralph Riggles* License No _____

(Licensed Driller/Engineer)

Address **P. O. Box 422, Burlington, WA 98233**

Contractor's

Registration No **DAHLMWPW123LC** Date **3/25/02**, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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